(b) The Joint Council of Delhi Teachers organisations in a memorandum has submitted the following demands:

(i) Restoration of selection grade.

(ii) Grant of selection garde after 8 years of service.

(iii) Grant of selection grade to Vice-Principals and Principals.

(iv) Grant of higher pay scales generally one level above what has been recommended by the Fourth Central Pay Commission.

(c) The recommendations of the Empowered Committee are under examination.

Funds for games and sports in Rajasthan schools

2494. SHRI SANTOSH BAGRODIA: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to refer to the answer to Unstarred Questions 231 and 317 given in the Rajya Sabha on 25th February, 1987 and state the amount of money allocated for the State of Rajasthan for the compulsory sports and games in the schools in the Seventh Plan period and also for 87-88?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI MARGARET ALVA): 'Sports' being a State subject, it is primarily the responsibility of the State Governments to promote sports and games in their respective areas. The role of the Central Government is limited to supplementing the efforts of the State Governments in his direction by extending financial assistance under the various schemes operated by the Government of India. No specific amount is allocated to any State under any of the schemes. Assistance as admissible is extended on receipt of proposals from different State Governments including the Rajasthan Government. The amount of assistance to be provided to the Government of Rajasthan during the year 1987-88 and during the Seventh Five Year Plan can only be determined after specific requests from that State Government under various schemes of the Department have been received, scrutinised and found admissible for financial assistance.

Leprosy patients in the country

2495. PROF. B. RAMACHANDRA RAO:

SHRI ADINARAYANA REDDY:

SHRI G. SWAMY NAIK:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the approximate number of leprosy patients in the country and the number of new cases detected every year, state-wise;

(b) what are the highly endemic zones in which this disease is more prevalent;

(c) what strategies are adopted by the national leprosy eradication programme to bring all the endemic districts under intensive multi-drug treatment;

(d) what steps are being taken to augement the net-work on facilities for treatment and rehabilitation of the leprosy patients; and

(e) what arrangements have been made or are being made to provide preventive treatment in areas not so endemic?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) There are

39.5 lakh estimated leprosy cases in the country. About 4.50 lakh new leprosy cases are being detected every year. The details of the new cases detected during the last 3 years, State-wise, are given in Annexure. (*See* Appendix CXLI, Annexure No. 117]

(b) The states of Tamil Nadu, Orissa, Andhra Pradesh, West Bengal, Nagaland, Maharashtra, Karnataka, Bihar, Sikkim and Union Territories of Pondicherry, Lakshadweep and Andaman and Nicobar Islands have a prevalance rate of 5 and more per 1000 population.

(c) MDT treatment is being introduced phased manner, 16 Districts have already been brought under MDT and 23 additional districts are being covered under MDT during 1986-87. All the 76 high endemic districts (prevalance rate 10+per 1000) will be covered by MDT by 1990. 125 endemic districts (prevalance rate 5 to 10 per 1000) will be provided with adequate infrastructure also by 1990.

(d) The various infrastructure in from of Leprosy Control Units, Urban Leprosy Centres, temporary hospitalisation wards, sample survey cum Assesment Units etc. are being established. Targets for the same are assigned to the Stat. Targets for new case detection, for treatment and cases for discharged are also assigned to the States. Leprosy Rehabilitation promotion Units are being set up in the States to take care of the rehabilitation aspect of the cured leprosy patients.

(e) Multi-drug treatment is also introduced in one low endemic district each of 5 States through Primary Health Care Staff. All dapsone refractory cases are brought under MDT in all Dapasone monotherapy districts including low endemic districts.

Child mortality due to common diseases

2496. PROF. B. RAMACHANDRA RAO:
SHRI ADINARAYANA REDDY:
SHRI G. SWAMY NAIK:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the figures of child mortality in Indita due to common causes like dehydration, measles, diphtheria, whooping cough, iron-deficiency, anaemia, etc.;

(b) what steps are taken to cover all the children in the below age of five by immunisation and oral rehydration therapy (ORT);

(c) what are the figures for the suvival rate of children during the last five years; and

(d) what is the extent to which voluntary agencies are involved in the intensive child care programmes to prevent the spread of diseases among the children?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) As per the latest available figures maintained by the Registrar Gereral of India, on Child Mortality due to common causes like Gesteroanteritis, measles, whooping caugh and anaemia; 12.5, 3.2, 0.35, and 7.8 respectively per 0 to 4 years succumb to these diseathousand population in the age groupses. Figures for diphtheria are not available.

(b) Expanded Programme on Immunisation, Universal, Immunisation Programme and Oral Rehydration Therapy Programme to protect primarily Children under five are in operation.

(c) Figures for survival rates of Children during the last five years are not available.